

Dear Applicant for Blind Exemption (Cl. 37) = \$437.50 every fiscal year.

The exemption is \$218.75 taken off your January bill and \$218.75 off your April bill.

Please send us this completed and signed application by October 9, 2026.

To qualify, you must own and occupy the property as of July 1, 2026, and meet the ownership and domiciliary requirements that are on the application.

Please note: If your home is in a Trust, then you qualify as the homeowner only if you are both a Trustee or Co-Trustee and have sufficient beneficial interest in the home.

DOCUMENT REQUIRED WITH APPLICATION:

We require you to send us a copy of your MA Commission for the Blind certificate from 2026.

Everyone has to re-apply every year starting on July 1.

Please note: We are sending you this application as a courtesy. It is your responsibility to remember to apply every year.

Thank you, Assessors Dept.- Room 109, City Hall, Medford 781-393-2435

The Commonwealth of Massachusetts

MEDFORD

Name of City or Town

37
Assessors' Use only
Date Received
Application No.
Parcel Id.

BLIND
FISCAL YEAR 2027 APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 5, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before April 1, or
3 months after actual (not preliminary) tax bills are
mailed for fiscal year if later.

INSTRUCTIONS: Complete the following. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, 2026 _____	Mailing Address (If different) _____
No. _____ Street _____ City/Town _____ Zip Code _____	
Location of Property: _____	No. of Dwelling Units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____
Did you own the property on July 1, 2026 ? Yes ☐ No ☐	
If yes, were you: Sole Owner ☐ Co-owner with Spouse Only ☐ Co-owner with Others ☐	
Was the property subject to a trust as of July 1, 2026 ? Yes ☐ No ☐	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes ☐ No ☐	
If yes, name of city or town _____ Amount exempted \$ _____	

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership ☐	GRANTED ☐	Assessed Tax \$ _____
Occupancy ☐	DENIED ☐	Exempted Tax \$ _____
Status ☐	DEEMED DENIED ☐	Adjusted Tax \$ _____
Income ☐		
Assets ☐		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____ Date: _____		

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS. Complete the questions that follow.

Were you legally blind as of July 1, ²⁰²⁶? Yes ☐ No ☐
Are you registered with Mass. Commission for the Blind? Yes ☐ No ☐
If yes, give Certificate Number _____ Date Registered _____ Attach copy of certificate.
If no, attach a letter from your doctor indicating status as of July 1.

C. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.
